

2646

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

STANDARD CERTIFICATE OF DEATH		Arizona State Board of Health		BUREAU OF VITAL STATISTICS		STATE FILE NO. 245	
1. PLACE OF DEATH				COUNTY <u>Mauca</u> STATE <u>ARIZONA</u> REGISTERED NO. _____			
TOWNSHIP _____ OR VILLAGE _____				CITY <u>Wickenburg Ariz</u> NO. _____ ST. _____ WARD _____			
(IF DEATH OCCURRED IN HOSPITAL OR INSTITUTION, GIVE ITS NAME INSTEAD OF STREET AND NUMBER)				LENGTH OF RESIDENCE IN CITY OR TOWN WHERE DEATH OCCURRED: YRS. _____ MOS. _____ DS. _____			
2. FULL NAME <u>9 Mrs. M. Williams</u>				HOW LONG IN U. S. IF OF FOREIGN BIRTH: YRS. _____ MOS. _____ DS. _____			
(A) RESIDENCE: NO. <u>Wickenburg Ariz</u> (USUAL PLACE OF ABODE)				WARD _____ (IF NON-RESIDENT GIVE CITY OR TOWN AND STATE)			
PERSONAL AND STATISTICAL PARTICULARS							
3. SEX <u>Female</u>		4. COLOR OR RACE <u>White</u>		5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (WRITE THE WORD) <u>Married</u>			
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>L. L. Williams</u>				6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Nov. 29, 1905</u>			
7. AGE YEARS <u>30</u>		MONTHS <u>8</u>		DAYS <u>27</u>		IF LESS THAN 1 DAY, _____ HRS. OR _____ MIN.	
8. TRADE, PROFESSION, OR PARTICULAR KIND OF WORK DONE, AS SPINNER, SAWYER, BOOKKEEPER, ETC. <u>H. W.</u>		9. INDUSTRY OR BUSINESS IN WHICH WORK WAS DONE, AS SILK MILL, SAW MILL, BANK, ETC. <u>Home</u>					
10. DATE DECEASED LAST WORKED AT THIS OCCUPATION (MONTH AND YEAR) _____		11. TOTAL TIME (YEARS) SPENT IN THIS OCCUPATION <u>12 yrs</u>					
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY) <u>Piedmont Alabama</u>		13. NAME <u>M. J. Hudgens</u>					
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY) <u>Alabama</u>		15. MAIDEN NAME <u>Elizabeth Huston</u>					
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY) <u>Alabama</u>		17. INFORMANT (ADDRESS) <u>Luther Williams Wickenburg Ariz</u>					
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Wickenburg</u> DATE <u>8/27, 1936</u>		19. EMBALMER (ADDRESS) <u>Wickenburg Ariz</u>					
20. FILED <u>8/27, 1936</u>		21. DATE OF DEATH (MONTH, DAY, AND YEAR) <u>8-26, 1936</u>					
22. I HEREBY CERTIFY, THAT I ATTENDED DECEASED FROM <u>July 15, 1936 to August 26, 1936</u>		LAST SAW HER ALIVE ON <u>August 26, 1936</u> ; DEATH IS SAID TO HAVE OCCURRED ON THE DATE STATED ABOVE, AT <u>10</u> A. M.					
THE PRINCIPAL CAUSE OF DEATH AND RELATED CAUSES OF IMPORTANCE WERE AS FOLLOWS: <u>far advanced pulmonary tuberculosis & pulmonary hemorrhage</u>		DATE OF ONSET <u>12 yrs ago</u>					
OTHER CONTRIBUTORY CAUSES OF IMPORTANCE: _____							
NAME OF OPERATION _____ DATE OF _____							
WHAT TEST CONFIRMED DIAGNOSIS? _____ WAS THERE AN AUTOPSY? <u>no</u>							
23. IF DEATH WAS DUE TO EXTERNAL CAUSES (VIOLENCE) FILL IN ALSO THE FOLLOWING: ACCIDENT, SUICIDE, OR HOMICIDE? _____ DATE OF INJURY _____							
WHERE DID INJURY OCCUR? _____ (SPECIFY CITY OR TOWN, COUNTY AND STATE)							
SPECIFY WHETHER INJURY OCCURRED IN INDUSTRY, IN HOME, OR IN PUBLIC PLACE _____							
MANNER OF INJURY _____							
NATURE OF INJURY _____							
24. WAS DISEASE OR INJURY IN ANY WAY RELATED TO OCCUPATION OF DECEASED? <u>no</u>							
IF SO, SPECIFY _____							
(SIGNED) <u>Floyd B. Brallist</u> M. D.							
(ADDRESS) <u>Wickenburg, Ariz</u>							